2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M9900001072 1. Entity Name CARLISLE GP, L.L.C.

FILED Jul 30, 2002 8:00 am Secretary of State 07-30-2002 90001 005 ****50.00

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Principal Place of Business Mailing Address										
1165 CAMP HOLLOW ROAD WEST MIFFLIN PA 15122			1165 CAMP HOLLOW ROAD WEST MIFFLIN PA 15122				- · 4 6 4 1			
,									1182 11812 8871	10010 JUBU 1001
2. Principal Place of Business		3	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT	WRITE IN THIS	SPACE	
City & State			City & State			4. FEIN	Number 25-1838	1858		Applied For
Zip	Country		Zip	Country	/	5. Certif	ficate of Status Desir	ed 📋	\$5.00 A	Not Applicable dditional
	6. Name and Addre	ss of Current Reg	istered Agent			7. Name	e and Address of Ne	Dw Bagistarad	Fee Requi	red
	CORRODATION AVOTE				Name		o una routeas of the	en negistered	Agent	
CT CORPORATION SYSTEM		M							ــمنتسيةـــمن	
1200 South Pine Island Road Plantation FL 33324					Street Addre	ss (P.O. Box N	umber is Not Accept	able) 		
					City				Zip Co	
8. The above	e named entity submits thi tions of registered agent.	s statement for the	purpose of changing it		•	stered agent of	or both in the State o	FL		
SIGNATURE	tions of registered agent.			•		and a gont, a	o dout, in the diate of	TIONOS. TAIN	ianiliai witi	i, and accept
	Signature, typed or printed name of	f registered agent and title	if applicable. (NC	TE: Registered Ag	gent signature requ	uired when reinstatin	(g)	DATE	_	
			FILE	NOW!!! FE	E IS \$50.0	00				
9.		GING MEMBERS/N	Make Check P Due B	ayable to i	E IS \$50.0 Departmen per 25, 200	t of State	ΔΝΟΙΤΙΟ	NS/CHANGES		
9. TITLE	MGRM		Make Check P Due B	ayable to i	Departmen	t of State	ADDITIO	NS/CHANGES		Addition
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ASSISTANT Suretay 1/19/02
MANAGER, OR AUTHORIZED REPRESENTATIVE